



ANNUAL NO CHANGE AFFIDAVIT

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

Please provide the firm's current contact information to ensure accuracy within the DBE Directory:

| | | | | | |
|---------------------------------|----------|-----------------------|----------------|--------|-----------|
| Legal Name of Firm: | | Owner Name and Title: | | | |
| Email: | Website: | | Phone #: | Fax #: | |
| Street Address (No PO Box): | | City: | County/Parish: | State: | Zip Code: |
| Mailing Address (if different): | | City: | County/Parish: | State: | Zip Code: |

Firm's number of employees: Full-time _____ Part-time _____ Seasonal _____ Total _____

Affiliates' number of employees: Full-time _____ Part-time _____ Seasonal _____ Total _____

Specify the firm's gross receipts for the last 3 years. (Submit complete copies of the firm's Federal tax returns for any year not already on file. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns, if they have not been previously submitted.)

Year _____ Gross Receipts of Applicant Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

Year _____ Gross Receipts of Applicant Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

Year _____ Gross Receipts of Applicant Firm \$ _____ Gross Receipts of Affiliate Firms \$ _____

Before me, the undersigned notary public, this day, personally appeared _____
Name of DBE Firm Owner
 to me known, who being duly sworn according to law, deposes the following:

I certify that I, _____,
Name of DBE Firm Owner
 am a socially and economically disadvantaged individual who is the owner/co-owner of _____ (hereinafter "Firm").
Name of DBE Firm

As such, I acknowledge and agree that any misrepresentations in this annual affidavit or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I affirm that there have been no changes in circumstances affecting the Firm's ability to meet size, disadvantaged status, ownership, and/or control requirements of 49 CFR Parts 26 and 23, and 13 CFR Part 121; nor have there been any material changes in the information provided in the Firm's application form, except for changes about which I have provided written notice to the recipient under 49 CFR 26.83(i).

I further affirm that my Firm continues to meet the Small Business Administration (SBA) size criteria and the overall gross receipts cap of 49 CFR Parts 26 and 23.

I further affirm that my personal net worth does not exceed \$1.32 million.

Signature: _____ Date: _____

City/County of _____

In the Commonwealth/State of _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20____, by

Name of DBE Firm Owner

(SEAL/STAMP)

Notary Signature _____ Commission Expires _____

¹ *Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both.*
 PAUCP-Annual No Change Affidavit (Revised 11/2019)